

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Anders</i>		10-29-01
O.I.P.E. CLASSIFIER		<i>12</i>	<i>11/14/01</i>
FORMALITY REVIEW	<i>M K</i>	<i>1102</i>	
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/29/01
2	✓	✓	10/29/01
3	✓	✓	10/29/01
4	✓	✓	10/29/01
5	✓	✓	10/29/01
6	✓	✓	10/29/01
7	✓	✓	10/29/01
8	✓	✓	10/29/01
9	✓	✓	10/29/01
10	✓	✓	10/29/01
11	✓	✓	10/29/01
12	✓	✓	10/29/01
13	✓	✓	10/29/01
14	✓	✓	10/29/01
15	✓	✓	10/29/01
16	✓	✓	10/29/01
17	✓	✓	10/29/01
18	✓	✓	10/29/01
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47	✓	✓	10/29/01
48	✓	✓	10/29/01
49	✓	✓	10/29/01
50	✓	✓	10/29/01

Claim	Final	Original	Date
51	✓	✓	10/29/01
52	✓	✓	10/29/01
53	✓	✓	10/29/01
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97	✓	✓	10/29/01
98	✓	✓	10/29/01
99	✓	✓	10/29/01
100	✓	✓	10/29/01

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

Je-857
 11/14